

40343

State File No.

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| BIRTH NO. _____ | | REG. DIST. NO. <u>12-5</u> | | PRIMARY REG. DIST. NO. <u>2000</u> | | Registrar's No. <u>2000-90</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Greene</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u> c. LENGTH OF STAY (in this place) <u>5 days</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Johns Hospital</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Wade</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lebanon</u> <u>0532</u> d. STREET ADDRESS (If rural, give location) <u>115 N. Washington</u> | | | |
| 3. NAME OF DECEASED (Type or Print) <u>Albert W. Amos</u> a. (First) <u>Albert</u> b. (Middle) <u>W.</u> c. (Last) <u>Amos</u> | | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 10 1950</u> | | | |
| 5. SEX <u>M</u> <u>D</u> | | 6. COLOR OR RACE <u>W</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | | 8. DATE OF BIRTH <u>Sept 28, 1874</u> | |
| 9. AGE (In years last birthday) <u>76</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u> | | 11. BIRTHPLACE (State or foreign country) <u>Kansas</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Aba Amos</u> | | 13b. MOTHER'S MAIDEN NAME <u>Mary Watt</u> | | 14. NAME OF HUSBAND OR WIFE <u>Sadie Amos</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> | | 16. SOCIAL SECURITY NO. <u>493-05-6388</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Sadie Amos</u> ADDRESS <u>Lebanon, Mo.</u> | | | |
| 18. CAUSE OF DEATH Enter only once per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Resection, portal & Glaucoma</u> DUE TO (c) <u>Cerebral Complete Occlusion Arteriosclerosis & Senility</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>1010X</u> | | | | INTERVAL BETWEEN ONSET AND DEATH | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>Benign Hypertrophy of Portal & Glaucoma</u> | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in apartment home, farm, factory, street, office building, etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from <u>12-5</u> , 19 <u>50</u> , to <u>12-10</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>12-7</u> , 19 <u>50</u> and that death occurred at <u>4:45 A.M.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Walter Samuel V.</u> | | | | 23b. ADDRESS <u>Springfield Mo.</u> | | 23c. DATE SIGNED <u>12-14-50</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Dec 12, 1950</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Lebanon City Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Lebanon Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>12-18-50</u> | | REGISTRAR'S SIGNATURE <u>W.E. Handley</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>W.D. Palmer</u> | | ADDRESS <u>Lebanon, Mo.</u> | |

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Stanley B. Palmer

Signed
Student Embalmer

Licensed Embalmer No. 4811

P. O. Address Lebanon Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.